



**PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA**

P.O. Box 52016  
 Irvine, CA 92619  
 (949) 681-8046  
 Toll Free: (844) 211-3151  
 Fax (949) 242-0925

Dear Potential PFAC Associate Member:

Thank you for your interest in the Professional Fiduciary Association of California.

In order to assist you in the application process, we have provided the following checklist. Please forward your completed packet to the PFAC Association Headquarters by email, mail or fax at:

- EMAIL:** kfix@pfac-pro.org
- FAX:** (949) 681-8046
- MAIL:** PFAC – Attn: Membership  
 P.O. Box 52016  
 Irvine, CA 92619

**PFAC Associate Membership Check List:**

**Completed application**

**Copy of ID**

**Resume**

**Application Fee** (see pro-rated fee schedule on the following page)

I have enclosed or mailed a check, or I would like to pay by credit card, please call me for payment

**Copy of education degrees and/or certificates**

**(3) Letters of Professional Reference 1 2 3**

***Please follow up with your references to ensure that each reference letter has been sent to the PFAC office, signed, dated and with a business card attached.***

Year: \_\_\_\_\_

***For office use only***

Received app		Welcome email	
App completed		Packet sent	
Submitted to committee		Verna	
Approved/Denied		Schwarcz	
Payment Type		Sugita	
Dues Amount		Wilson	
Payment processed		Gunther	
Entered in Database		Baxter	
Newsletter system			



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## PFAC Pro-Rated Fee Schedule

### New Associate Members Only

Please make checks payable to: **PFAC**

<b>If Applying in the Month of:</b>	<b>Associate Membership Fee:</b>	<b>Credit and Meeting Requirements to Renew the following year:</b>
<b>January</b>	<b>\$275.00</b>	<b>14 CEU (2 Ethics) + 3 meetings or 1 conference</b>
<b>February</b>	<b>\$252.08</b>	<b>13 CEU (2 Ethics) + 3 meetings or 1 conference</b>
<b>March</b>	<b>\$229.16</b>	<b>12 CEU (2 Ethics) + 3 meetings or 1 conference</b>
<b>April</b>	<b>\$206.24</b>	<b>11 CEU (2 Ethics) + 3 meetings or 1 conference</b>
<b>May</b>	<b>\$183.32</b>	<b>10 CEU (2 Ethics) + 2 meetings or 1 conference</b>
<b>June</b>	<b>\$160.40</b>	<b>8 CEU (2 Ethics) + 2 meetings or 1 conference</b>
<b>July</b>	<b>\$137.48</b>	<b>6 CEU (1 Ethics) + 2 meetings or 1 conference</b>
<b>August</b>	<b>\$114.56</b>	<b>5 CEU (1 Ethics) + 2 meetings or 1 conference</b>
<b>September</b>	<b>\$91.64</b>	<b>4 CEU (1 Ethics) + 1 meeting</b>
<b>October</b>	<b>\$68.72</b>	<b>2 CEU (1 Ethics) + 1 meeting</b>
<b>November</b>	<b>\$45.80</b>	<b>1 CEU (1 Ethics) + 1 meeting</b>
<b>December</b>	<b>\$275.00</b> Includes the following year.	<b>Join for 2017 and get the month of December for free</b>



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Affiliate of National Guardianship Assn.

**ASSOCIATE MEMBERSHIP APPLICATION**

**(PLEASE PRINT. ANSWER ALL QUESTIONS & ATTACH YOUR RESUME)**

PLEASE **MARK** REGION:    NORTHERN CALIFORNIA    SOUTHERN CALIFORNIA    SAN DIEGO

**Name & Mailing Address:**

\_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Social Security # -- Last 4 digits \_\_\_\_\_

Are you over 21 years old?    YES    NO    CDL: \_\_\_\_\_  
 (enclose copy of driver's license)

State License #: \_\_\_\_\_

**EDUCATIONAL BACKGROUND** - Please provide copies of College Diplomas, Certifications, or other qualifying documents. See *PFAC Bylaws Article V – Membership – A. Qualifications.*

School	Major/Minor	Year: From/To	Degree/Credit Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LICENSES, CERTIFICATIONS AND PROFESSIONAL MEMBERSHIPS:**

\_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL/BUSINESS EXPERIENCE** ---please attach your resume

FIRM NAME, ADDRESS, PHONE	POSITION	YEARS IN POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WHY YOU WANT TO BE A FIDUCIARY AND A MEMBER OF PFAC - Please write a short essay**

**ETHICAL INFORMATION:**

Have you ever been removed for cause or surcharged as a conservator (person and/or estate) or any other fiduciary position? No Yes (check one)

Have you ever been convicted, charged with, pleaded guilty or no contest to a crime, felony or misdemeanor involving any of the following (please write YES or NO for each):

\_\_\_\_\_ Investment or an Investment-Related Business \_\_\_\_\_ Fraud, False Statements or Omissions  
\_\_\_\_\_ Wrongful Taking of Property \_\_\_\_\_ Bribery, Forgery, Counterfeiting, Extortion  
\_\_\_\_\_ Other Felony

*If "YES" to any of the above, please attach a written explanation.*

**REFERENCES** - List three professional (not related) references who can attest to your work as a Fiduciary and/or other professional activities.

ENCLOSED IS A COPY OF A FORM LETTER TO PROVIDE TO THREE REFERENCES.  
PLEASE INSTRUCT YOUR REFERENCES TO FORWARD THEM to PFAC's Membership Coordinator at:  
P.O. Box 52016, Irvine, CA 92619

NAME OF PROFESSIONAL	PHONE & COMPLETE ADDRESS	YEARS KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERTIFICATION**

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge. If accepted as a member of PFAC, I understand and agree to abide by the Standards and Code of Ethics of this Association in maintaining professional conduct and am familiar with Article V of the PFAC Bylaws.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE



Affiliate of National Guardianship Assn.

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RE: Membership in the Professional Fiduciary Association of California

Dear \_\_\_\_\_ (*reference*):

\_\_\_\_\_ (*applicant*) has given your name as a reference for membership in the PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA (PFAC). We would appreciate a moment of your time to answer the following questions about the applicant:

How long have you known the applicant? \_\_\_\_\_

Has this been a professional or personal capacity? Please explain briefly.

\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this person professionally? \_\_\_\_\_

Would you recommend this person morally & ethically? \_\_\_\_\_

We would appreciate any comments about the applicant so that PFAC can make an informed decision about his/her potential membership.

Signature of Reference:

\_\_\_\_\_

**Please Attach Business Card**

Date Signed: \_\_\_\_\_

Thank you for your prompt attention.  
Sincerely,

Membership Manager  
kfix@pfac-pro.org

**Please return by mail, email or fax.**

## **2017 MEMBER RENEWAL - Electronic Transmission by the Corporation Notice Pursuant to the California Corporations Code Section 20**

As a member and/or officer or director of the Professional Fiduciary Association of California ("PFAC"), you may receive communications from PFAC electronically. Such electronic communications may include those delivered by (1) electronic mail (e-mail) or facsimile telecommunication when directed to the e-mail address or facsimile number, respectively, for you on record with PFAC, (2) posting on an electronic message board or network which PFAC has designated for those communications, together with a separate notice to you of the posting, or (3) other means of electronic communication, that creates a record that is capable of retention, retrieval, and review, and that may thereafter be rendered into clearly legible tangible form. Please read the following statement of your rights before consenting to this method of delivering communications to you.

Application of Consent. Your consent below applies to ALL communications from PFAC, including without limitation meeting and event notices, records and other information and communications provided to you by PFAC. Unless it is withdrawn as provided below, the consent will continue to apply as long as you are a PFAC member and/or officer or director and replaces any right to have such communications provided or made available on paper or in non-electronic form.

Right to Withdraw. You have the right to withdraw your consent at any time. If you wish to withdraw your consent to receive communications electronically, you must e-mail [PFAC@PFAC-pro.org](mailto:PFAC@PFAC-pro.org) with that specific request or call 844.211.3151 Monday through Friday, 9 a.m. to 5 p.m. Pacific Time, with that specific request.

Lack or Withdrawal of Consent. If you do not consent or consent and later withdraw your consent, you will thereafter receive, on paper, only those items which, in the judgment of PFAC management, are required by the California Corporations Code for governance of the organization, such as, for example, ballots and notices of official member meetings. You will not receive any other items (either on paper or electronically) such as, for example, news item e-blasts, newsletters and educational event and conference information, other than as they might possibly be viewed on the PFAC web site.

Your Consent. Please indicate your consent to receiving all communications from PFAC electronically, as indicated above, and in accordance with the above terms, by clicking on the "I Agree" button below. In addition, by paying any attached invoice or otherwise paying your PFAC membership dues, you consent to receiving all communications from PFAC electronically, unless you have specifically informed PFAC to the contrary.